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(PTO ASSISTANCE)

HC CORR.

Application : <u>09/724839</u>	Examiner : <u>Wilson</u> <u>Beauschiel</u>	GAU : <u>2113</u>
From: <u>DUP</u>	Location: IDC <u>FMF</u> FDC	Date: <u>6/8/05</u>

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DOC CODE	DOC DATE	MISCELLANEOUS
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7590

08/18/2004

JAMES C. SCHELLER, JR.
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
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SEVENTH FLOOR
LOS ANGELES, CA 90025

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Connie Thayer (Depositor's name)
Connie Thayer (Signature)
November 17, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724,839	11/28/2000	Nils Endrie Schubert	BRIDP003	6149

TITLE OF INVENTION: DESIGN INSTRUMENTATION CIRCUITRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/18/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WILSON, YOLANDA L	2113	714-034000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Synplicity, Inc.

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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James C. Scheller, Jr. (Date) 11/17/2004

Reg. No. 31,195

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